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|--|--|--|----------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD | | | <i>10-1-04</i> | Application or Docket Number 10-678725 |
| Substitute for Form PTO-875 | | | | |

| CLAIMS AS FILED - PART I | | | | |
|---|--------------|--------------|---|----------|
| (Column 1) | | (Column 2) | SMALL ENTITY OR OTHER THAN SMALL ENTITY | |
| FOR | NUMBER FILED | AMOUNT EXTRA | RATE | FEES |
| BASIC FEE (37 CFR 1.16(e)) | | | | \$ _____ |
| TOTAL CLAIMS (37 CFR 1.16(c)) | <i>20</i> | minus 20 = | X \$ _____ | \$ _____ |
| INDEPENDENT CLAIMS (37 CFR 1.16(d)) | <i>5</i> | minus 3 = | X \$ _____ | \$ _____ |
| MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(f)) | | | + \$ _____ | \$ _____ |
| | | | TOTAL | |
| * If the difference in column 1 is less than zero, enter "0" to column 2. | | | | |

| CLAIMS AS AMENDED - PART II | | | | | |
|---|---------------------------------|------------------------------------|-----------------|---|----------------|
| (Column 1) | | (Column 2) | (Column 3) | SMALL ENTITY OR OTHER THAN SMALL ENTITY | |
| AMENDMENT | CLAMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| Total (37 CFR 1.16(c)) | <i>14</i> | Minus | <i>20</i> | X \$ 9 | \$ _____ |
| Independent (37 CFR 1.16(d)) | <i>3</i> | Minus | <i>5</i> | X \$ 44 | \$ _____ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f)) | | | + \$ 150 | \$ 150 | |
| | | | TOTAL ADD'L FEE | | |
| 5/1/04 | | | | | |

| CLAIMS AS AMENDED - PART II | | | | | |
|---|---------------------------------|------------------------------------|-----------------|---|----------------|
| (Column 1) | | (Column 2) | (Column 3) | SMALL ENTITY OR OTHER THAN SMALL ENTITY | |
| AMENDMENT | CLAMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| Total (37 CFR 1.16(c)) | <i>13</i> | Minus | <i>20</i> | X \$ _____ | \$ _____ |
| Independent (37 CFR 1.16(d)) | <i>2</i> | Minus | <i>3</i> | X \$ _____ | \$ _____ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f)) | | | + \$ 1 | \$ 1 | |
| | | | TOTAL ADD'L FEE | | |
| 5/1/04 | | | | | |

| CLAIMS AS AMENDED - PART II | | | | | |
|---|---------------------------------|------------------------------------|-----------------|---|----------------|
| (Column 1) | | (Column 2) | (Column 3) | SMALL ENTITY OR OTHER THAN SMALL ENTITY | |
| AMENDMENT | CLAMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| Total (37 CFR 1.16(c)) | <i>11</i> | Minus | <i>20</i> | X \$ _____ | \$ _____ |
| Independent (37 CFR 1.16(d)) | <i>2</i> | Minus | <i>3</i> | X \$ _____ | \$ _____ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f)) | | | + \$ 1 | \$ 1 | |
| | | | TOTAL ADD'L FEE | | |
| 10/5/05 | | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) the application. Confidentiality is governed by 35 U.S.C. 122(b)(5). THE COLLECTOR IS ESTIMATED TO TAKE 12 MINUTES TO COMPLETE, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

You need assistance in completing the form, call 1-800-PTO-8199 and select option 2

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